

FILED APR 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44009

DELAYED

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6507	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ Mo. _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2177	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 4243 Russell			
3. NAME OF DECEASED (Type or Print) VIOLA		a. (First)		b. (Middle)		c. (Last) SHEPHERD	
4. DATE OF DEATH (Month) (Day) (Year) July 28th, 1950		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 2-29-1912		9. AGE (In years last birthday) 38		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 18 yrs. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Geo. DeBonnaire		13b. MOTHER'S MAIDEN NAME Elizabeth Yerkey	
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Catherine DeBonnaire				ADDRESS 4243 Russell			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Malignancy of lungs ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) type undetermined DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 12-50			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION 12-50			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? _____				21g. _____			
22. I hereby certify that I attended the deceased from 6/29/50, 19____, to 7/28/50, 19____, that I last saw the deceased alive on 7/28/50, 19____, and that death occurred at 5:14 Pm., from the causes and on the date stated above.							
23a. SIGNATURE Joseph J. Muenster, Jr. M.D.				23b. ADDRESS 1515 Lafayette Ave.			
23c. DATE SIGNED 7/29/50				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE 7-31-50				24c. NAME OF CEMETERY OR CREMATORY Laurel Hill			
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				25. FUNERAL DIRECTOR'S SIGNATURE E.J. Schnur			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jul 31-1950 J.B. Jasater				ADDRESS 3125 Lafayette			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1450

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.